

# Juvenile Justice Services Suicide Watch

## Placement on Suicide Watch

Resident Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Case Number: \_\_\_\_\_

### Justification of why youth was placed on suicide watch:

- ☐ P.O./ Court Ordered      ☐ Indicated on the Intake Form      ☐ Parent Guardian
- ☐ Verbalized current ideation      ☐ SPS T - Score \_\_\_\_\_      ☐ Other \_\_\_\_\_
- ☐ MAYSI-2 Suicide Ideation Score: 0      1      2      3      4      5

### Who was notified?

- ☐ Parent/Guardian      ☐ Receiving Facility      ☐ Other \_\_\_\_\_
- ☐ Probation Officer/Case Manager \_\_\_\_\_

Staff worker placing youth on suicide watch: \_\_\_\_\_ Date: \_\_\_\_\_

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## Removal from Suicide Watch

- \_\_\_ 1. Has the child been asked if he/she is still considering harming him/herself?
- \_\_\_ 2. Does the child appear or report to be withdrawing from drugs or alcohol?
- \_\_\_ 3. Does the child exhibit or express severe guilt or shame?
- \_\_\_ 4. Is the child noticeably depressed?
- \_\_\_ 5. Does the child appear paranoid/delusional or have hallucinations or any other signs of mental illness?
- \_\_\_ 6. Does the child verbalize or project hopelessness or helplessness?
- \_\_\_ 7. Does the child exhibit severe agitation or aggressiveness?
- \_\_\_ 8. Have there been any other noticeable behavior/emotional changes?
- \_\_\_ 9. Has the child recently received any negative information (i.e., probation/parole officer, case manger, parents, other)?
- \_\_\_ 10. Would any staff (i.e., medical, school, etc.) have any concerns if this child were removed from suicide watch? If yes, indicate staff and the concern.

Was the youth removed from suicide watch?    \_\_\_ Yes    \_\_\_ No

Justification of why youth was taken off suicide watch: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review Team \_\_\_\_\_

Approving Signature \_\_\_\_\_ Date/Time of Removal \_\_\_\_\_